

# CALIFORNIA'S HEALTH

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Editor

## CHANGES IN CALIFORNIA COMMUNICABLE DISEASE REGULATIONS

By LESTER BRESLOW, M.D., Acting Chief  
Bureau of Acute Communicable Diseases

At the May 8, 1946 meeting, the State Board of Health passed several amendments to the regulations for the control of communicable disease. This action was but another of the continuous series of adjustments aimed at keeping administrative public health practice in accord with epidemiological knowledge.

For many centuries quarantine was the principal, if not the only, measure adopted for the prevention of spread of infection. The word quarantine itself come from the Italian "quarante" (40) and the meaning is derived from the practice of detaining ships in harbors for 40 days as a means of epidemic prevention. This procedure started in Venice in the fourteenth century, was subsequently followed by other ports of the world. As the demands of commerce and knowledge of communicable diseases increased during the nineteenth century, quarantine regulations were correspondingly modified.

More detailed understanding of causes of epidemics has been acquired at an accelerated pace during the present century. Advances in bacteriology and immunity have revolutionized the old concepts. Keeping abreast of these scientific developments, the modern health department relies only to a minor extent on quarantine for the prevention of disease. Far greater emphasis is now placed upon specific immunizations and safeguarding the water, milk and food supplies than upon the placard.

### Adjusting Practice to Current Knowledge

Each successive step in adjusting practice to current knowledge must of course be accompanied by popular education. The public too often still con-

siders quarantine as the one final means of epidemic control. This attitude is unjustified and should be broken down. When present information indicates the futility of a general quarantine regulation, even in instances where measures of certain prevention are not yet available, it seems wiser to follow the course of honesty.

This is not to imply that all regulations—or even all quarantine regulations—are to be abandoned. But the trend is definitely toward more discretionary use of such powers. Such discretion can increasingly be exercised in the light of modern knowledge by the health officer who investigates the individual situation. A case of scarlet fever in the home of a dairyman (especially one selling raw milk) obviously presents far different public health significance from a similar case in the home of a factory worker. A few cases of meningitis in a community might not call for the same handling as the same number of cases in a military camp. The health officer must have some latitude if he is to accomplish the maximum disease prevention with minimum social inconvenience.

The three major changes in the regulations concern scarlet fever, meningitis, and diarrhea of the newborn.

### Scarlet Fever

Since scarlet fever has been shown to be only one of a group of streptococcal infections it can no longer be treated as a distinct disease entity. Accordingly it is listed among the reportable diseases and handled as "Streptococcal Infections, Respiratory (including

Scarlet fever, Streptococcal sorethroat, Streptococcal nasopharyngitis, and Septic sorethroat)."

The new regulation brings practice into correspondence with modern knowledge which indicates that Group A streptococcal infections have the same epidemiological significance whether accompanied by a rash or not. The person with a streptococcal sorethroat may spread scarlet fever just as well as the person with scarlet fever. Thus the household where one member shows a response to the erythrogenic toxin, i.e. has clinical scarlet fever, should not be penalized by a long quarantine period while next door neighbors with the same infection, but no rash, are not subject to quarantine. In this connection popular understanding of the need for isolation of even minor respiratory infections in order to protect the patient himself as well as others should be encouraged. The isolation period of the uncomplicated case has been changed to the duration of the acute stage and a minimum of seven days. Quarantine of contacts is no longer mandatory but it should be emphasized that the local health officer still has discretionary power to adopt quarantine if he sees fit. (A more complete discussion of the changes in the scarlet fever regulation appeared in the January 31, 1946 issue of *California's Health*.)

#### Meningitis

Carriers of meningococci are now known to be exceedingly widespread, especially during an epidemic. In fact one may predict an epidemic of meningitis in a population group by following the asymptomatic carrier rate. When it reaches a certain level sporadic cases begin to appear and if it increases still further an epidemic ensues. Trying to control the disease by quarantining contacts of recognized cases is obviously futile when studies have shown that a majority of the population may be carrying the organism while only scattered cases are occurring in the community. Hence the regulations provide that if the case is properly isolated, quarantine of contacts is not required except at the discretion of the local health officer. Chemotherapy of contacts has apparently been of value in checking epidemics in certain situations and this question is also left to the judgment of the health officer.

#### Diarrhea of the Newborn

Several tragic experiences in recent years have proved that epidemic diarrhea of the newborn may sweep through even good nurseries. Striking with only minimal warning, the disease often carries a high fatality rate. The only satisfactory means of control as yet known is to close the nursery and thoroughly clean it. In this case the regulations have been made

more stringent and because of the importance of prompt, resolute action they are here quoted in full:

"The definition of a reportable case of diarrhea of the newborn shall be as follows:

"Diarrhea of the newborn up to 3 weeks of age occurring in a hospital giving maternity service. Diarrhea of the newborn, regardless of etiology, shall be suspected to exist when an infant has more than one liquid stool in 24 hours and shall be considered definitely present if this persists for more than 2 days. An exception may be made in the case of entirely breastfed infants who show no sign of illness and are gaining weight.

"The infant suspected of diarrhea shall be placed in strict isolation until discharged from the hospital, and the case shall be reported immediately by telephone to the local health officer.

"If 2 or more cases occur, the nursery shall be quarantined and no newborn infants shall be admitted until all exposed infants have been discharged and the nursery thoroughly cleaned.

"In addition to these regulations, the rules and regulations pertaining to maternity homes and hospitals shall be followed."

#### Other Changes in Regulations

Several relatively minor changes were also adopted by the board and the numerical arrangement has been completely revised to fit the regulations into the pattern of the *Administrative Code*. Of somewhat greater significance was the separation of "Jaundice, Infectious" into "Hepatitis, Infectious" and "Ictero hemorrhagic Spirochetosis (Weil's Disease)" in accordance with etiological distinctness of the two diseases.

No changes were made in poliomyelitis. Quarantine is still required for this disease.

The revised regulations are now being printed and will be distributed as soon as available. They went into effect July 1, 1946.

#### CIVIL SERVICE EXAMINATIONS

The State Personnel Board announces civil service examinations for *associate sanitary engineer* and *assistant sanitary engineer*. The final date for filing application for these examinations is July 27th; the examination date is August 17th.

#### TWO COUNTIES REQUEST SURVEYS

Surveys of public health needs have been requested by the boards of supervisors in both Santa Clara and Napa Counties. In Santa Clara County a survey is requested with recommendations as to the possibility of combining local health departments into a county-wide unit. In Napa County the board requested a survey to determine the advisability of establishing a full-time county health department.

## PLAN FOR ENCEPHALITIS STUDY

By LESTER BRESLOW, M.D., Acting Chief,  
Bureau of Acute Communicable Disease

Under a special grant provided by the recent session of the Legislature, the State Department of Public Health has undertaken an investigation of mosquito-borne diseases. Major emphasis is being placed upon encephalitis which is at present the most serious mosquito-borne disease in California and the one concerning which our knowledge is least complete.

During the past 10 years (1936-1945) 1,383 human cases of encephalitis have been reported in the State, most of them occurring in the San Joaquin-Sacramento Valley. In 1945, 288 cases were reported. The disease is also prevalent among horses, it being estimated that as many as 1,000 equine cases occurred in 1945.

### Knowledge of Vectors and Reservoirs Limited

Studies in recent years by the Hooper Foundation and others have indicated mosquitoes to be the vector and suggested the possibility of a bird reservoir of the virus. However, present knowledge of the epidemiological chain still leaves considerable gaps.

Two strains of virus—Western and St. Louis—are known to be present in California but only a small percentage of definite clinical cases can be shown to be due to either of these. Hence another strain, or even several others, may be responsible for human and animal cases. Several species of mosquitoes, particularly *Culex tarsalis*, are capable of transmitting the known viruses experimentally and have also been found infected in nature. The significance of these observations will no doubt be enhanced by further studies, especially those concerning the biology of the implicated mosquitoes.

With respect to the true reservoir of the infection our information can only be regarded as fragmentary. Various wild and domestic fowl have been implicated but in no case is the evidence clear-cut. A crucial question in this connection is how the virus persists through the winter months to reappear each summer.

### Program to Secure Data

It is with intent to get further data on these questions and to develop the best means of controlling those mosquitoes already known to be involved, that the investigation is being conducted. The program will include epidemiologic study of human and animal cases which are reported, laboratory diagnosis, entomological studies, and field and laboratory search for a reservoir.

As far as personnel permit, every human case will be visited by an epidemiologist and every animal case by a veterinarian so that basic information as to diagnosis, locale, and circumstances of probable exposure may be obtained.

In order to make an etiological diagnosis the laboratory must receive two specimens of blood from each patient—one taken early, as soon as the disease is suspected; and the second, during convalescence, about two or three weeks after onset. These two specimens are then compared for level of antibody titre. Proper spacing of these samples is essential because the test is based upon demonstrating a rise in antibody titre during the course of the illness.\* Besides blood samples from all suspected cases, brain tissue from fatal cases is being sought for direct isolation of known or unknown viruses. Material for this type of work must, of course, be obtained before the body is embalmed. The tissue is then frozen in dry ice for transport to the laboratory.

In addition to entomological inspection of premises where human or animal cases occur, routine check stations in the endemic area are being established so as to observe the species and density of mosquitoes which are present. Certain lots of mosquitoes, after being identified, will be sent to the laboratory for attempted isolation of virus. Other entomological studies will pertain to the life habits of the various mosquitoes and the most efficient and economical means of controlling them. A special demonstration of methods of controlling the mosquito vectors of both encephalitis and malaria is being carried out in Yolo County.

In an attempt to get further information on possible reservoirs of the virus, wild and domestic animals and birds will be studied.

### Need for Prompt Reporting

Obviously, the success of the study depends largely upon receiving prompt reports of human or equine cases of encephalitis. Physicians who see a case in which the disease is suspected are being requested to send a 20 cc. sample of whole blood to the Virus Laboratory, 1392 University Ave., Berkeley, and to report the case at once by telephone to their local health officers. The latter are in turn asked to notify the State Department of Public Health by teletype or telephone. In event of a death, physicians and hospitals have been requested to call the State Department directly by telephone.

Provision has been made for diagnostic consultation to physicians upon their request in connection with all suspected neurotropic virus diseases, such as

\* See *California's Health*: November 15, 1945.



poliomyelitis and encephalitis. These services, as well as all laboratory services, are of course, free.

Veterinarians who suspect equine encephalomyelitis in an animal are to notify the State Department of Agriculture who will then teletype the Department of Public Health.

Epidemiological investigation of human and animal cases will be conducted by the Bureau of Acute Communicable Diseases and laboratory work will be performed in the Virus Laboratory. An exception is made in the case of Kern County where work, started several years ago by Hooper Foundation, will be continued by the latter group with provision for correlation with the State program.

Mosquito research and control will be conducted by the Mosquito Control Section of the Division of Environmental Sanitation.

#### **MOSQUITO CONTROL SECTION ESTABLISHED**

A Mosquito Control Section has been established in the Division of Environmental Sanitation with Mr. Arve H. Dahl, chief of the section. Headquarters are at 15 Shattuck Square, Berkeley 4.

Besides participating in the study of encephalitis and directing the demonstration of methods of controlling mosquitoes which are vectors of disease, as described elsewhere in this issue, a major activity of the new section is administration of the sum of \$400,000 appropriated by the Legislature in special session for subventions to local agencies engaged in control of disease-bearing mosquitoes.

An advisory committee to act as consultants on the program has been appointed:

Professors William B. Herms and Stanley Freeborn of the University of California; Dr. W. McD. Hammon and Dr. William C. Reeves of the Hooper Foundation; Dr. John J. Sippy, health officer, San Joaquin County Local Health Department, Mr. Harold F. Gray, engineer, Alameda County Mosquito Abatement District, Mr. Art Geib, superintendent, Dr. Morris Mosquito Abatement District, and Mr. Chester E. Robinson, superintendent Eastside Mosquito Abatement District.

#### **STATE LABORATORY REPORTS ISOLATION OF ST. LOUIS VIRUS FROM HUMAN CASE**

The isolation in the Virus Laboratory of the State Department of Public Health of the virus of St. Louis encephalitis from a fatal case who contracted his disease in California is reported by Dr. Edwin H. Lennette in the March, 1946, issue of the *Proceedings of the Society for Experimental Biology and Medicine*.

This is the first isolation of St. Louis encephalitis virus from any vertebrate host outside the endemic St. Louis area.

Dr. W. McD. Hammon and Dr. W. C. Reeves of the Hooper Foundation had reported previously the recovery of St. Louis encephalitis virus from naturally infected mosquitoes (*Aedes dorsalis* Meigen) caught in Kern County in 1944. (*American Journal of Public Health*, August, 1945).

The patient was an itinerant agricultural worker who had resided in Kern County in the neighborhood of Bakersfield and Arvin for a year prior to moving to an auto trailer camp near Stockton on September 4 or 5, 1945. On September 11 he was observed to be ill and was hospitalized with a diagnosis of acute encephalitis, etiology undetermined. He died on the fourth hospital day. It is considered probable that the patient contracted his infection in Kern County.

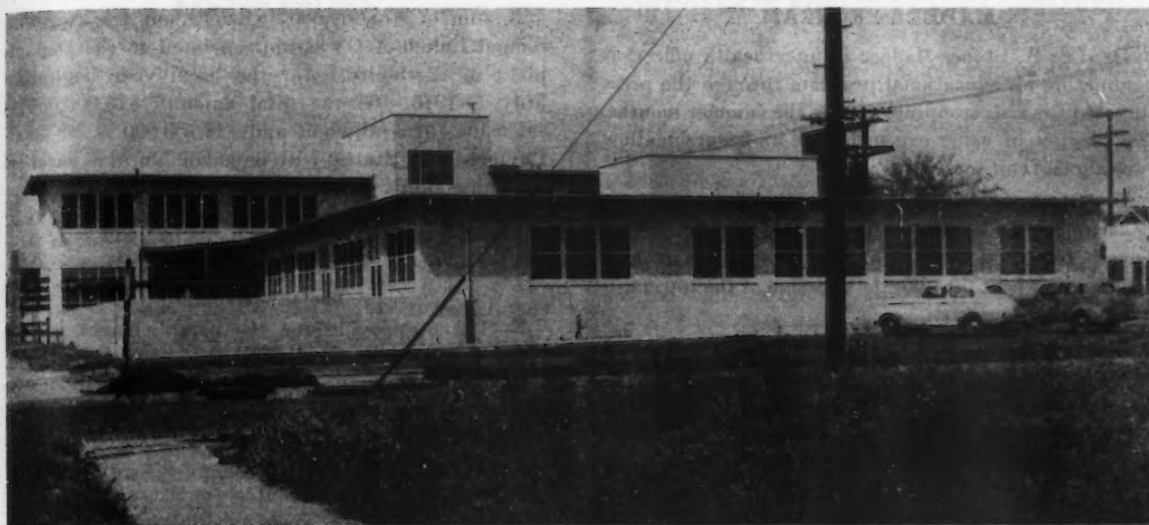
#### **DEVELOPMENTS IN PROGRAM FOR CEREBRAL PALSID CHILDREN**

A supervising physical therapist, Mr. Raymond Taibl, has been appointed to the staff of the Bureau of Maternal and Child Health of the State Department of Public Health. He will have the responsibility for developing the physical therapy aspects of the crippled children program and supervision of the physical therapists who will be assigned by the State Department to local areas to work with crippled children, particularly those with cerebral palsy.

During the past year Mr. Taibl was in charge of physical therapy for the crippled children program in Vallejo and Solano County and while there developed the physical therapy service at the cerebral palsy class in the Vallejo public schools.

Special classes for cerebral palsied children will, it is anticipated, be established in a number of public schools in various parts of the State during the coming year. The services of physical therapists experienced in cerebral palsy will be made available to these schools to carry on the program of physical rehabilitation under medical supervision.

The physical therapy program in the Department of Public Health will be closely correlated with the work in the resident schools for cerebral palsied children, at the Children's Hospital in Los Angeles, and in the diagnostic center at the University of California in San Francisco. Regular diagnostic clinics for children with cerebral palsy have begun at the University of California Hospital. Referrals are being made from the lists of children on the State register of crippled children.



(Photograph, courtesy Los Angeles City Health Dept.)

**HEALTH SERVICES OFFERED IN ATTRACTIVE SURROUNDINGS****NEW SOUTHEAST HEALTH CENTER  
OPENS IN LOS ANGELES**

The new Southeast District Health Center of the Los Angeles City Health Department was officially opened on June 16th. The new structure, built at a cost of a quarter of a million dollars, is a joint project of the Federal Works Agency and the City of Los Angeles. Outstanding features of the plant are the soundproof ceilings, play-yard for children, a lecture room seating 130, the pastel coloring and light birch paneling, the abundance of sunlight and fresh air.

Modern laboratory facilities and increased space for consultation, diagnosis, and treatment will permit more adequate handling of those who seek health services. Five basic services are offered in: Maternity care, child health, nutrition, venereal diseases, and tuberculosis, also services such as Pasteur treatment, immunizations, and re-entrance examinations for school children.

Dr. Ruth J. Temple is the health officer in charge of the center, which is located at 4920 Avalon Boulevard.

**BORDER DRAINAGE PROBLEM BEING  
SURVEYED IN IMPERIAL VALLEY**

The Bureau of Sanitary Engineering is resuming its investigation of the pollution of New River in Imperial Valley to ascertain the putrefaction present under the hottest weather conditions. This river receives the drainage of the populous Mexican city of Mexicali on the State border and carries the sewage across the valley.

**DEPARTMENT CHEMIST ASSISTS IN STANDARDIZING ANALYTICAL METHODS**

At a recent meeting in Chicago, the National Conference of Governmental Industrial Hygienists decided to evaluate procedures for the chemical analysis of materials encountered in industrial processes. The chief chemist of the Bureau of Adult Health, Mr. W. J. Roberts, was chosen as the referee for the study of methods for analyzing fluorides. As a result of the study, standard analytical methods will be selected for approval by the national organization.

**OLIVE OIL RACKET**

As a result of investigations of adulterated olive oil in the Los Angeles, San Francisco Bay, Fresno, and Sacramento areas, new violations have been uncovered by the Bureau of Food and Drug Inspections. The violations range from 5-gallon sales by itinerant vendors to deals involving thousands of gallons.

Investigations usually show a pattern of sales leading back through four or five dealers. Each makes a profit, thereby bringing the 70 to 80 per cent cottonseed oil worth about \$1.25 per gallon to \$10.00 per gallon. Some "olive oil" has been found adulterated with peanut, cottonseed, corn, sesame, and even mineral oil.

It has been determined that an agent of a large petroleum corporation has solicited the trade of various restaurants, several of which were found using mineral oil in salad dressings. A bakery has been using it in making bread.

### MADERA PROGRAM

Dr. Lee A. Stone, Madera County health officer, is conducting an educational program through the press directed towards stopping, during the summer months, the practice of using egg meringue and marshmallow topping on fruit pies.

Dr. Stone reports that due to the flour shortage bakeries have adopted the practice of making "open faced" fruit pies which, while they have the virtue of conserving wheat through the omission of the top crust, dry out more quickly.

Sale of cream pastries has been prohibited in Madera County during the hot weather season since 1932.

### DR. SWARTOUT RESIGNS; OTHER HEALTH OFFICER CHANGES

Dr. H. O. Swartout, health officer of Los Angeles County for the past three and a half years has resigned and the former assistant health officer, Dr. R. O. Gilbert, is now acting health officer for the county.

Dr. Swartout prior to his service as health officer was a district medical officer in the health department, during which time he taught at the College of Medical Evangelists in Loma Linda. Before taking up his work in California, Dr. Swartout was for years a medical missionary in China. He is now going into private practice.

Dr. W. Elwyn Turner replaces Dr. C. M. Burchfiel as health officer of Santa Clara County. Dr. Burchfiel will devote his entire time to private practice.

With the resignation of Mr. Ehrnest E. Ballagh as health officer in Maricopa, the city arranged for the provision of health services through the Kern County Health Department.

The newly incorporated city of Wasco also arranged for health services through the Kern County Health Department.

Dr. James D. Coulter is health officer of the newly incorporated city of Portola, Plumas County.

Mr. Joseph P. Martin replaces Mr. Charles Ayers as health officer of the city of Sutter Creek, Amador County.

### FEDERAL PUBLIC HEALTH LEGISLATION

#### School Lunch Act

The National School Lunch Act (H. R. 3370) has been passed by Congress and was signed by the President on June 4th. The act provides Federal aid to the States in the operation of school lunch programs as permanent and integral parts of their school systems.

A sum of \$75,000,000 to carry out the National School Lunch Act was appropriated to the Department of Agriculture for the fiscal year beginning July 1, 1946. Of the total amount, \$10,000,000 is set aside for equipment and \$48,750,000 is for food. Payments to States will be made on the basis of matching funds according to the following ratio:

Fiscal years 1947 to 1950, inclusive...\$1 for \$1  
Fiscal years 1951 to 1955, inclusive...\$1 for \$1.50  
Thereafter .....\$1 for \$3.00

#### Dental Research

S. 190 to provide for the establishment of the National Institute for Dental Research in the U. S. Public Health Service has been recommended for passage in the Senate. Through the Institute, the Surgeon General of the Public Health Service would:

1. Conduct, aid, and promote coordination of dental research as well as the useful application of their results.
2. Provide fellowships in the Institute, and secure consultation services of experts.
3. Cooperate with State health agencies in the prevention and control of dental diseases and conditions.

#### Reorganization of Federal Agencies

Concurrent resolutions have been introduced in both Houses of Congress to disapprove the plans for the reorganization of Federal agencies recommended by the President (See *California's Health*, June 15).

### POLLUTION STUDIES CONTINUE AT LOS ANGELES BEACHES

In advance of the completion of the sewage plant on Santa Monica Bay, the Bureau of Sanitary Engineering has been observing and testing the condition of the shore water to determine if a portion of the beach may be reopened to use through the emergency chlorination of the sewage, a process which the city of Los Angeles has been perfecting during the last few months. To date (June 30) the evidence of improvement along the beaches is not conclusive that the quarantine as now established should be lifted or changed.

The present survey is being made in compliance with the court decree of January 31, 1946, to determine pollution conditions of the Los Angeles beaches. The first survey was started in 1942 and continued into 1943. The second was started in 1944 and ran into 1945. It was determined in these surveys that the change in population in that area had increased the pollution of the beaches.

Construction operations for the submarine outfall into Santa Monica Bay are making good headway, with the date of completion scheduled for the fall of 1947.



## FAMINE RELIEF

The part which public health agencies can play in the conservation of food so that starving peoples in Europe may be fed is pointed out in a statement endorsed by the State and Territorial Health Officers meeting in Washington last spring:

"In order that proposed plan for voluntary sharing of our abundant food supplies with hungry peoples be successful, the American people must be convinced that the need is great and that it can be met without impairing the health of the nutritionally vulnerable groups in this country, that is women during the child-bearing period and children of all ages. Public health agencies are uniquely equipped to give the necessary leadership and guidance in this campaign of world-wide significance both in its humanitarian aspects and in its bearing on a stable peace. During the critical months until the harvest and as long thereafter as other countries are desperately in need of food that this country can spare without detriment to the national health, it is recommended that State health departments give high priority to those educational activities and services that will encourage the people to conserve food and at the same time maintain a high level of health. As those health departments that have a sufficient number of nutrition consultants to assist health officers, public health nurses, and other local personnel will be able to make the greatest contribution to this great humanitarian movement, it is hoped that nutrition staffs can be built up to an efficient level through filling existing vacancies and creating such additional positions as may be indicated."

## STATE RECEIVES FOUNDATION GRANT FOR MENTAL HYGIENE PROGRAM

The Commonwealth Fund has made a grant to the State Department of Public Health for the establishment and development of a mental hygiene program within the department and for demonstrations in preventive mental hygiene services at the local level. The grant is for two years with provision for extension.

The initial step will be the employment of a Psychiatric Consultant in the Division of Preventive Medicine who will plan and direct a program which will complement, rather than duplicate, the program conducted by the State Department of Mental Hygiene.

Through inservice training, demonstrations, lay and professional education, the program will seek to integrate and incorporate mental health and psychiatric principles into public health and preventive medicine.

## 10 GOALS IN PUBLIC HEALTH OUTLINED BY C.-E. A. WINSLOW

Ten goals in public health were outlined by C.-E. A. Winslow, Dr.P.H. and professor emeritus of public health at Yale University, recently when he received the Elizabeth S. Prentiss National Award in Health Education for 1945.

The bulletin of the Cleveland Health Museum states that the *Cleveland News* printed Dr. Winslow's remarks in full because they were "so provocative," and for the same reason *California's Health* reprints from the *Museum News* a summary of the 10 goals:

1. *Local Health Protection.* "If . . . we had 1200 units of size adequate for efficient operation, a basic minimum of health protection could be provided, and at a cost of only one dollar per year per person served." (Due to recently increased prices, the cost in California is now estimated at \$1.25 to \$1.50.)

2. *Voluntary Health Agencies.* "Freedom and initiative give this type of agency its unique value; but the conflicting demands of agencies, each of which is concerned with a special disease or with a special period of life, creates confusion in the public mind and leads to fantastic inequalities in the distribution of funds . . . (We need) joint solicitation of funds for the common cause of the people's health."

3. *Child Welfare.* "What we really need, in every state and every local area, is a Council on Childhood, to coordinate existing machinery in health, welfare, education, recreation and the like, and to develop a vital and complete program for building the young America of the future."

4. *Community Health Educators.* "Only a community health educator . . . can effectuate the teaching of health principles by the organization of community groups, ready to act at each appropriate moment for the support and extension of needed health facilities."

5. *Compulsory National Health Insurance.* "There is but one way in which this case can be provided . . . and that is prepayment of medical costs through expansion of our national compulsory insurance system."

6. *Chronic and Convalescent Care.* "We need . . . far greater facilities for the institutional care of two classes of cases, the convalescent and the chronic, which do not need the costly facilities of a general hospital but cannot receive the attention they require in the average home."

7. *Preventing Tooth Decay.* "Very special efforts must be made to increase the corrective work done for the school child so that the young adult may not arrive at maturity with his dentures in a condition of advanced decay."

8. *Low Rent Housing Program.* ". . . a decent home is basic in physical, emotional and social health . . . To attain this objective requires continuation

and expansion of our Federal low-rent housing programs . . . ."

9. *Better Mental Hygiene Facilities.* "We need more psychiatrists . . . more child guidance and behavior centers, and mental hygiene clinics, more enlightenment on the part of the family doctor, the nurse, the teacher, the social worker and the parent, who must all be in the firing line in the war against mental disease."

10. *International Health.* "Finally, in the next few months, we shall be building . . . a new organization for International Health, to carry on the fine work which was performed in this field by the Health Section of the League of Nations."

### TRANSPORTATION A MAJOR PROBLEM IN MEETING ALASKA HEALTH NEEDS

A tuberculosis survey by boat, truck, and plane, general clinic services offered on a boat, diagnosis and treatment of crippled children provided through the use of plane service to and from clinics and hospitals are only a few illustrations of solutions being made to some of Alaska's urgent health problems, according to Orthopedic Nursing Consultant, Winifred Porter of the California State Department of Health.

When participating in health institutes in Juneau and Anchorage in May, Mrs. Porter learned of the X-ray survey being planned for the next two or three years. Tuberculosis is the biggest problem in Alaska, with a rate nine times the highest in any of the States. Fifty-nine per cent of all deaths from communicable diseases are from tuberculosis—with pneumonia in second place. Compared with deaths from all diseases and accidents, the tuberculosis death rate is one in five. At present some thousand beds are needed in Alaska for tuberculosis patients.

The *Hygiene*, a boat recently purchased from the Navy, will be used in the tuberculosis survey and also as a traveling clinic. Space and equipment are available for a dentist, a pediatrician, and a public health nurse. The *Hygiene* is equipped with modern safety and communication devices and is sufficiently sturdy for visiting all Alaska ports.

Crippled children have to be sent by plane or boat to Seattle for care. When several stages of surgery and prolonged therapy are required, serious problems of social adjustment must be met because of the years away from home.

Orthopedic clinics are being resumed after being discontinued during the war. In order to visit five clinics in two weeks, the orthopedic surgeon must fly from place to place, in some instances by chartered plane. Local airlines have agreed to fly without charge crippled children who could not otherwise get

to and from clinics. The Alaska Crippled Children's Association arranges for the care of the children at the clinics, pays for cooks and sets up living quarters in schools or other available buildings.

### MORBIDITY REPORTS—SELECTED DISEASES—CIVILIAN CASES

Total Cases for May and Total Cases for January Through May, 1946, 1945, 1944 and 5 Year Median (1941-1945)

Selected diseases	Current month				Cumulative			
	May				January through May			
	1946	1945	1944	5-yr. median, 1941-1945	1946	1945	1944	5-yr. median, 1941-1945
Chickenpox (varicella)	3,847	7,200	5,283	5,823	17,588	33,422	24,120	28,967
Coccidioid granuloma	5	2	4	—	18	18	13	—
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum)	11	3	6	—	25	9	19	—
Diphtheria	90	81	102	61	562	533	560	466
Dysentery, bacillary	12	16	43	—	78	130	149	—
Encephalitis, infectious	6	3	4	—	19	23	28	—
Epilepsy	150	150	133	—	668	689	613	—
Food poisoning	75	5	80	—	198	78	350	—
German measles (Rubella)	2,781	2,621	3,759	—	10,477	8,625	12,035	—
Influenza, epidemic	66	61	144	144	5,111	445	10,718	2,636
Jaundice, infectious	12	31	29	—	89	120	168	—
Malaria	56	11	12	12	350	49	42	45
Measles (Rubeola)	14,987	7,700	21,105	7,700	53,939	23,153	51,806	23,153
Meningitis, meningococcal	40	72	81	72	313	405	604	405
Mumps (parotitis)	3,667	5,900	5,614	5,614	13,666	25,701	20,630	20,630
Pneumonia, infectious	138	277	344	277	1,271	1,965	2,474	1,965
Polio, acute	36	9	28	17	154	52	108	52
Rabies, animal	49	99	103	88	204	331	465	331
Rheumatic fever	77	74	88	—	315	356	233	—
Scarlet fever	824	1,755	1,105	591	4,479	8,361	5,737	3,331
Smallpox (Variola)	—	—	5	2	7	3	20	—
Tuberculosis:								
Pulmonary	778	961	774	634	3,430	3,601	3,472	3,190
Other forms	55	62	41	41	200	254	185	189
Typhoid fever	12	11	81	13	56	32	137	54
Typhus fever	—	1	1	—	17	14	5	—
Undulant fever (brucellosis)	39	40	30	23	133	117	101	101
Whooping cough (Pertussis)	515	2,373	562	2,221	2,246	7,968	2,065	7,968
Veneral diseases:								
Chancroid	58	18	26	—	216	100	154	—
Gonorrhea	2,877	2,482	1,763	1,116	13,078	10,993	7,481	7,199
Granuloma inguinale	6	3	1	—	16	21	9	—
Lymphogranuloma venereum	17	22	13	—	83	101	101	—
Syphilis	2,348	2,641	2,806	2,451	10,384	11,863	11,864	13,080

The small hospital, because of low occupancy, must necessarily have high costs per bed if it is to provide high quality hospital care. Overhead costs, such as depreciation, management, nursing, staff, janitor service, etc., continue regardless of fluctuations in the daily census.—Commission of Hospital Care, *Hospital Survey News Letter*, June 1946.

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